

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	sm		9/28/00
O.I.P.E. CLASSIFIER		21	10/5/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/10/00
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
14	✓	✓	
15	✓	✓	
16	0	0	
17	0	0	
18	0	0	
19	0	0	
20	0	0	
21	0	0	
22	0	0	
23	✓	✓	
24	✓	✓	
25	✓	✓	
26	✓	✓	
27	✓	✓	
28	✓	✓	
29	✓	✓	
30	✓	✓	
31	0	0	
32	0	0	
33	0	0	
34	0	0	
35	0	0	
36	0	0	
37	✓	✓	
38	✓	✓	
39	✓	✓	
40	✓	✓	
41	0	0	
42	0	0	
43	0	0	
44	0	0	
45	0	0	
46	0	0	
47	0	0	
48	0	0	
49	0	0	
50	0	0	

Claim	Final	Original	Date
51	✓	✓	9/20/00
52	✓	✓	
53	✓	✓	
54	✓	✓	
55	✓	✓	
56	✓	✓	
57	✓	✓	
58	✓	✓	
59	✓	✓	
60	✓	✓	
61	✓	✓	
62	✓	✓	
63	✓	✓	
64	✓	✓	
65	0	0	
66	0	0	
67	0	0	
68	0	0	
69	0	0	
70	0	0	
71	0	0	
72	0	0	
73	0	0	
74	0	0	
75	0	0	
76	✓	✓	
77	0	0	
78	0	0	
79	0	0	
80	0	0	
81	0	0	
82	0	0	
83	0	0	
84	0	0	
85	0	0	
86	0	0	
87	0	0	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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